

**Department of Health Services
CEQA Compliance Guidelines
For
Water Supply Permit Applications**

Note: This guidance is not to be used for DHS funded projects.

Table of Contents

Environmental Review Key -----	p.2
Environmental Review Flowchart -----	p.5
Integration of CEQA Process with Permit Process -----	p.6
DHS Water Supply Permit CEQA Exemption Worksheet -----	p.7
DHS Water Supply Permit Negative Declaration/Initial Study Worksheet ---	p.9
DHS Water Supply Permit Environmental Information Form -----	p.10
DHS Water Supply Permit Environmental Information Form for CEQA Exemptions -----	p.18
Notice of Exemption (Categorical)-----	p.24
Notice of Exemption (Statutory) -----	p.25
Notice of Determination -----	p.26
DHS Water Supply Permit Environmental Review Request Form -----	p.27

Environmental Review Key

1. **Does the permit application involve an activity that may affect the environment?**
 - 1.1. **If yes, proceed to Step 2.** The permit is not for one of the exceptions in 1.2 below and is subject to California Environmental Quality Act (CEQA) documentation and review.
 - 1.2. **If no, stop here.** This applies to permits that include nothing more than a simple ownership change or a permit update for previously implemented changes not subject to prior approval. Additional environmental review is not necessary. In the findings for permit issuance, state that the project is not an activity subject to CEQA.
2. **Is the applicant a state or local public agency?**
 - 2.1. **If no, proceed to Step 3.** The applicant is probably a private or mutual company, or a federal agency.
 - 2.2. **If yes, skip to Step 4.** The applicant is the lead agency for CEQA compliance. DHS is not the lead agency.
3. **Did another state or local public agency comply with CEQA for this project?** This does not include federal agencies complying with the National Environmental Policy Act (NEPA).
 - 3.1. **If no or uncertain,** have the applicant complete the DHS Water Supply Permit Environmental Information Form (EIF) (page 10), or EIF for CEQA exemptions (page 17) and submit it along with a completed Environmental Clearance Request form (page 26) to the Environmental Review Unit. DHS will act as lead agency for CEQA compliance until notified otherwise. The Environmental Review Unit must provide all environmental documentation, notices, and findings to the District Field Office before a permit can be issued. **Skip to Step 8 (Step 11 if exempt).**
 - 3.2. **If yes, proceed to Step 4.** Assume that the public agency is acting as CEQA lead agency and DHS is not the lead agency.
4. **Obtain all final CEQA environmental documentation and proceed to Step 5.** Unless the project is exempt (see step 6), final documentation includes the adopted or certified document, comments and responses, and Notice of Determination. If all final CEQA documentation is not available, inform the applicant that CEQA review must be completed before the permit application can be considered complete; do not proceed until Step 4 is done. Review of Draft EIR's and Proposed Negative Declarations is not covered under this guidance. If other documentation was prepared under NEPA, contact the Environmental Review Unit.
5. **Was an EIR prepared for the project?** The EIR must have been circulated through the State Clearinghouse and certified.
 - 5.1. **If no** (other documentation was prepared), **proceed to Step 6.**

5.2. If yes, obtain the public agency's resolution containing CEQA findings along with other documentation listed in Step 4, and submit to the Environmental Review Unit with a completed DHS Water Supply Permit Environmental Clearance Request Form (page 26). The Environmental Review Unit will review the EIR and prepare CEQA findings and conditions as required by CCR, Title 14, Sections 15091 and 15093. **Skip to Step 8.**

6. Was the project determined to be exempt from CEQA? An exemption must be documented with a Notice of Exemption, exemption findings, preliminary review, or an EIF for CEQA exemptions (page 17).

6.1. If no, proceed to Step 7.

6.2. If yes, can DHS exempt all components of the project under the same class(es) or statute(s) used by the public agency according to the Exemption Worksheet (page 7)?

6.2.1. If no, send the documentation to the Environmental Review Unit with a completed DHS Water Supply Permit Environmental Clearance Request Form (page 26). The Environmental Review Unit will review the documentation and prepare CEQA findings. **Skip to Step 11.**

6.2.2. If yes, determine the regulatory citation(s) of the exemption from the Exemption Worksheet . **Skip to Step 11.**

7. Was a Negative Declaration/Initial Study prepared for the project? The document must have been circulated to the State Clearinghouse and adopted.

7.1. If no, return to Step 4

7.2. If yes, does the Negative Declaration/Initial Study Worksheet (on page 9) indicate that the documentation is adequate? The document is inadequate if there are any blanks or "no" answers on the worksheet. The applicant may submit additional documentation to make the Negative Declaration/Initial Study adequate.

7.2.1. If no, send the documentation to the Environmental Review Unit with a completed DHS Water Supply Permit Environmental Clearance Request Form (page 26). The Environmental Review Unit will review the documents and prepare CEQA findings. **Proceed to Step 8.**

7.2.2. If yes, proceed to Step 8. If all worksheet items are answered with "yes", sign and file the worksheet, noting the CEQA finding.

8. Certification and Findings

Certify in the findings for permit issuance that the environmental document (include State Clearinghouse number) was reviewed and considered by DHS along with any comments received during the review period [as required by CCR, Title 14, Section 15050 (b)] and include CEQA findings (see following example). The Environmental Review Unit will provide language in cases where documentation was sent to the unit. **Proceed to Step 9.**

Example: *DHS certifies that it has reviewed and considered the Mitigated Negative Declaration (SCH# 2001030042) adopted by the Hangtown Water District together with comments that were received during the review period, and finds that the project will not result in any significant impacts.*

9. Conditions of Permit Issuance

In some cases the permit may need conditions to avoid significant environmental impacts. In cases where documentation was sent the Environmental Review Unit, the unit will provide those conditions; otherwise the following permit condition can be used when there are mitigation measures: *“(The applicant) is required to implement the mitigation program identified in the environmental document prepared for this project.”* **Proceed to Step 10.**

10. Notice of Determination Prepared by DHS

Within 5 working days after the permit is issued, prepare and file a Notice of Determination (page 25) with the State Clearinghouse pursuant to CCR, Title 14, Sections 15096 (i), and/or 15075 or 15094 regardless if one has previously been filed by another public agency. The address is: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044. The phone number is (916) 445-0613 and the fax number is (916) 323-3018 (call before faxing a notice). The notice can be filed directly from the District Field Office without informing the Environmental Review Unit, as long as a copy of the notice is kept in the District's files. In cases where documentation was sent the Environmental Review Unit, the unit will provide the Notice of Determination for the District to file. On the notice, be sure to insert the permit number and date of issuance, and indicate if mitigation measures were adopted for the project. **END**

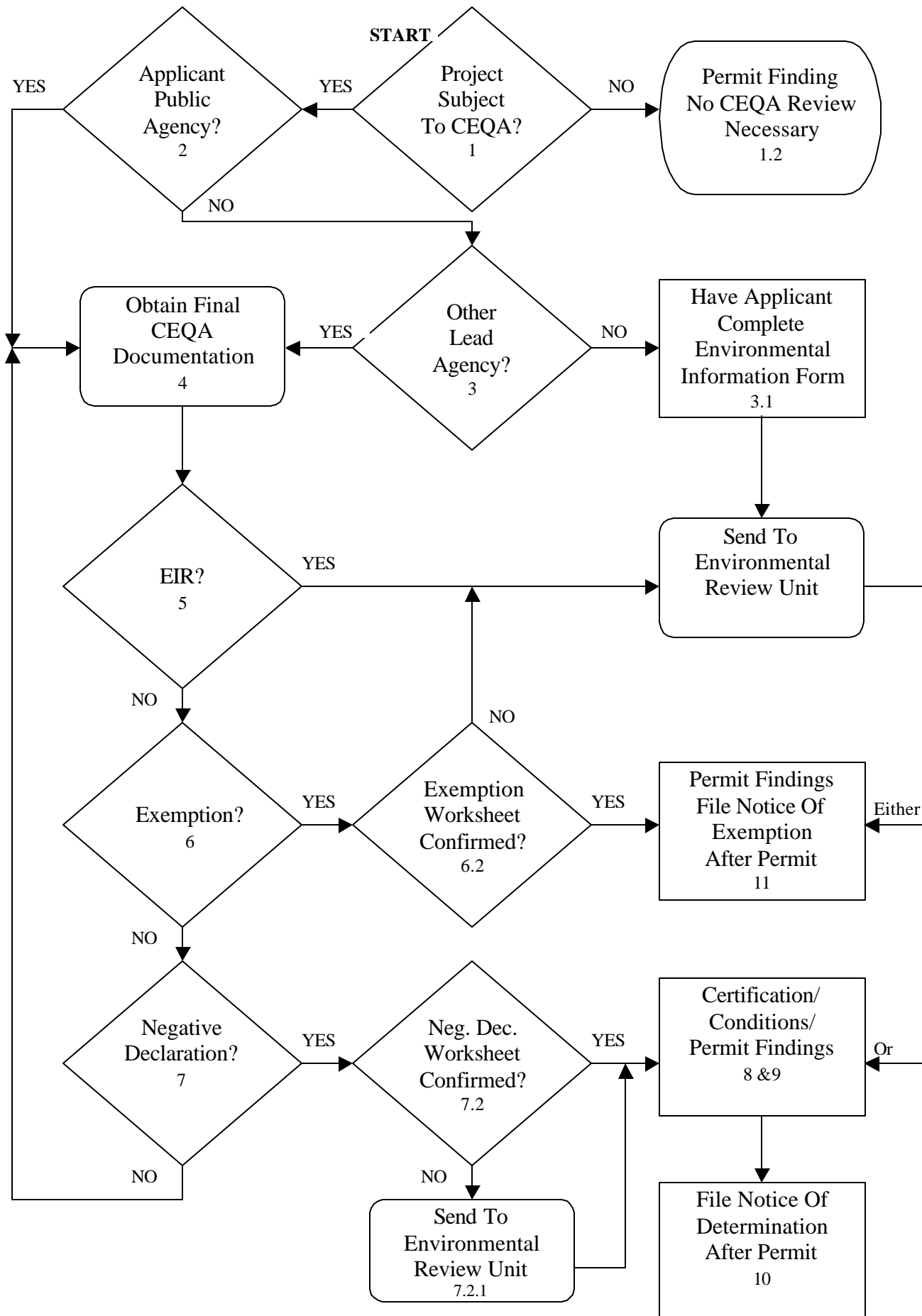
11. Exemption

In the findings for permit issuance, state that DHS has determined that the proposed project is exempt from the California Environmental Quality Act and give the selected regulatory citation(s) derived from the Exemption Worksheet or provided by the Environmental Review Unit.

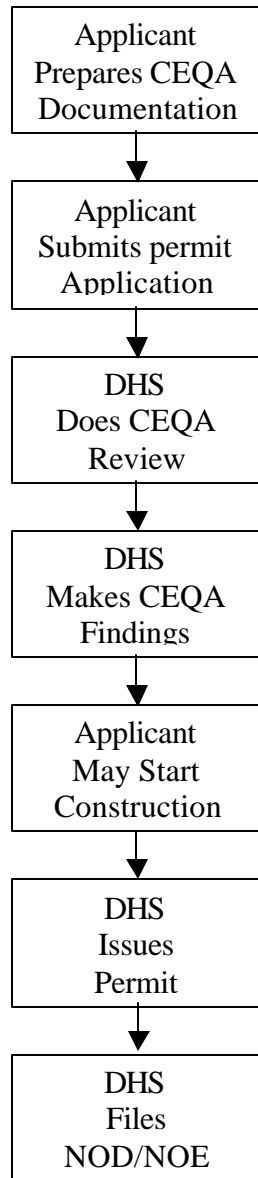
Example: *DHS has determined that the project is exempt from the California Environmental Quality Act pursuant to CCR, Title 14, Sec 15301 and Title 22, Section 60101 (a).*

Prepare a Notice of Exemption [categorical (page 23) or statutory (page 24)] using the regulatory citation(s) derived from the Exemption Worksheet to select the appropriate box under Categorical/Statutory Exemption Status. In cases where documentation was sent the Environmental Review Unit, the unit will provide the notice. After the permit is issued, file the notice with the State Clearinghouse pursuant to CCR, Title 14, Section 15062 (c)(1), regardless if one has previously been filed by another public agency. The address is: State Clearinghouse, P.O. Box 3044, Sacramento, CA 95812-3044. The phone number is (916) 445-0613 and the fax number is (916) 323-3018 (call before faxing a notice). The notice can be filed directly from the District Field Office without informing the Environmental Review Unit, provided that a copy of the notice is kept in the District's files. On the Notice, be sure to insert the permit number and date of issuance. **END**

Environmental Review Flowchart



Integration of CEQA Process with Permit Process



Department of Health Services Water Supply Permit Application
CEQA Exemption Worksheet

(a) Class 1: Existing Facilities

Regulatory Citation: "CCR, Title 14, Section 15301 and Title 22, Section 60101 (a)"

(1) Addition, deletion, or modification of:

- ☐ Mechanical controls for:
 - * ☐ Water treatment units
 - * ☐ Water supply systems
 - * ☐ Pump station buildings
- ☐ Electrical controls for:
 - * ☐ Water treatment units
 - * ☐ Water supply systems
 - * ☐ Pump station buildings
- ☐ Hydraulic controls for:
 - * ☐ Water treatment units
 - * ☐ Water supply systems
 - * ☐ Pump station buildings

(2) Maintenance, repair, replacement, or reconstruction to any water treatment process units, including:

- ☐ Structures
- ☐ Filters
- ☐ Pumps
- ☐ Chlorinators

(b) Class 2: Replacement or Reconstruction

Regulatory Citation: "CCR, Title 14, Section 15302 and Title 22, Section 60101 (b)"

(1) Repair or replacement of:

- ☐ Water service connections
- ☐ Meters
- ☐ Valves for:
 - * ☐ Backflow prevention
 - * ☐ Air release
 - * ☐ Pressure regulation
 - * ☐ Shut-off
 - * ☐ Blow-off
 - * ☐ Flushing

(2) Replacement or reconstruction of:

- ☐ Existing water supply distribution lines **of substantially the same size**. Describe any size increase: _____

- ☐ Storage tanks and reservoirs **of substantially the same size**. Describe any size increase: _____

(3) Replacement or reconstruction of:

- ☐ Water wells **of substantially the same capacity**. Describe any capacity increase: _____

- ☐ Pump stations and related appurtenances **of substantially the same capacity**. Describe any capacity increase: _____

(c) Class 3: New Construction of Small Structures

Regulatory Citation "CCR, Title 14, Section 15303 and Title 22, Section 60101 (c)"

- (1) ☐ Construction of water supply and distribution lines of less than sixteen inches in diameter, and related appurtenances.
- (2) ☐ Construction of any water storage tanks and reservoirs of less than 100,000-gallon capacity.

(d) Class 4: Minor Alterations to land.

Regulatory Citation "CCR, Title 14, Section 15304 and Title 22, Section 60101 (d)"

- (1) ☐ Minor alterations to land, water or vegetation on any officially existing designated wildlife management areas or fish production facilities for the purpose of reducing the environmental potential for nuisances or vector production.
- (2) ☐ Any minor alterations to highway crossing for water supply and distribution lines.

CCR, Title 14 (CEQA Guidelines) Statutory Exemptions

- ☐ Declared emergency
Regulatory Citation: "CCR, Title 14, Section 15269 (a)"
- ☐ Emergency (sudden and unexpected) repairs
Regulatory Citation: "CCR, Title 14, Section 15269 (b)"
- ☐ Emergency (sudden and unexpected) prevention/mitigation
Regulatory Citation: "CCR, Title 14, Section 15269 (c)"
- ☐ Right of way pipelines of less than one mile
Regulatory Citation: "CCR, Title 14, Section 15282 (l)"
- ☐ Water fluoridation facilities
Regulatory Citation: "CCR, Title 14, Section 15282 (n)"

Signature: _____ Date: _____

Name: _____

Title: _____

Department of Health Services Water Supply Permit Negative Declaration/Initial Study Worksheet

Yes No N.A.

- ☐ ☐ The Negative Declaration has a State Clearinghouse number _____ (the environmental document must have been circulated through the State Clearinghouse).
- ☐ ☐ The Initial Study contains a project description that is up to date and consistent with the project as identified in the permit application.
- ☐ ☐ The Initial Study contains a section for the “Environmental Setting,” or “Surrounding Land uses and Setting,” or otherwise provides an identification of the environmental setting.
- ☐ ☐ ☐ The Initial Study provides an explanation or reference for all checklist item responses (if a checklist was used for the Initial Study).
- ☐ ☐ ☐ The Applicant has demonstrated a commitment (e.g., adoption, conditions of approval, or mitigation monitoring plan) for mitigation measures provided for significant impacts identified in the Initial Study (for Mitigated Negative Declarations).
- ☐ ☐ ☐ The applicant has provided a copy of comments received during the review period.
- ☐ ☐ The applicant has provided a copy of a Notice of Determination that they (or another public agency) filed with the Governor’s Office of Planning and Research (State Clearinghouse).
- ☐ ☐ All the above boxes are checked “Yes” or Not Applicable (N.A.); Therefore, DHS has determined that the project will not result in any significant impacts (CEQA finding).

Signature: _____ Date: _____

Name: _____

Title: _____

DEPARTMENT OF HEALTH SERVICES
WATER SUPPLY PERMIT
ENVIRONMENTAL INFORMATION FORM¹
(To be completed by applicant – attach additional sheets as needed)

General Information

1. Name of project: _____
2. Water System number: _____ ☐ New Permit ☐ Permit Amendment
3. Name of applicant/water system: _____

Address: _____
City: _____ Zip: _____
4. Name of contact person for this project: _____
Phone Number: _____
5. Address of project: _____
City: _____ Zip: _____
6. Section, township, range, base and meridian: _____
7. Existing zoning at project site: _____

8. List and describe any other related permits and other public approvals required for this project, including those required by city, regional, state and federal agencies: _____

9. Did a previous CEQA Document cover the project? ☐ yes ☐ no ☐ unknown
If yes, provide the name of the document: _____
10. Describe the existing system, if present (fill in blanks or provide attachment, e.g., application description).
 - a. Number of service connections: _____
 - b. Source information: (include name, capacity or flow, and condition)
 - (1) Groundwater well: _____
 - (2) Surface water diversion: _____
 - (3) Connections with other systems: _____
 - (4) Emergency connection: _____
 - c. Treatment: _____

 - d. Storage facilities
 - (1) Tanks (physical dimensions, capacity, and condition): _____

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- (2) Open reservoirs (name, surface area, capacity, and condition): _____

- e. Briefly describe how water is currently transmitted from the source(s) to the treatment facilities: _____

- f. Briefly describe how finished water is currently transmitted from the treatment/storage facilities to consumers (distribution system): _____

- g. Present amount of water delivered: _____ Current demand: _____

Project Description (fill in blanks or provide attachment, e.g., application description)

1. Describe project objectives. If the object is to comply with certain regulations, name them: _____

2. Project location (give description of the precise location and boundaries and attach detailed street map, topographic map, and site plan): _____

3. Construction area: _____ acres. Additional service connections: _____
4. New water supply (indicate whether new, modifications, removals, or replacements.):
 - a. Groundwater (capacity, depth, and enclosing structures): _____

 - b. Surface water (source name, condition, diversion structures, etc): _____

 - c. Connections with other systems: _____
 - d. Emergency connection: _____
5. Facilities (indicate whether new, modifications, removals, or replacements.)
 - a. Treatment facilities (give size, capacities, and enclosing structures): _____

- b. Storage facilities
- (1) Tanks (physical dimensions and capacity; any location changes; and describe enclosing structure, if applicable): _____
- _____
- _____
- (2) Open reservoirs (surface area and capacity; any location changes): _____
- _____
- _____
- c. Transmission facilities (give size of pumps, and length and diameter of pipelines - indicate if pipelines will be located entirely within rights-of-way): _____
- _____
- _____
- _____
- d. Distribution facilities (give size of pumps, and diameter and length of mains – indicate if mains will be located entirely within rights-of-way): _____
- _____
- _____
- _____
- e. Appurtenant structures (list the dimension of any new structures and their purpose): _____
- _____
- _____
- f. Parking facilities: _____
- _____
- g. Staging areas: _____
- _____
- _____
- h. Proposed lighting: _____
- _____
- _____
6. Will the project involve disposal of waste? ☐ yes ☐ no ☐ unknown
- a. If yes, identify the type of waste and the method and location of its disposal: _____
- _____
- _____
7. Describe any grading or excavation work, and any planned measures to restore area: _____
- _____
- _____
8. Will the project involve an increase in capacity? ☐ yes ☐ no ☐ unknown
- a. Amount of capacity increase: _____
- b. Needed to serve existing development?..... ☐ yes ☐ no ☐ unknown

- c. Needed to serve projected development?.....☐ yes ☐ no ☐ unknown
 (1) Population basis for capacity determination (include year)
 (a) Current population: _____
 (b) Projected population: _____
9. If the project involves a variance, conditional use, or rezoning application, state this and indicate clearly why the application is required: _____

10. Check the appropriate box below.
☐ Construction completed
☐ Construction in progress Completion date: _____
☐ Construction not started Start date: _____ Completion date: _____

Environmental Setting

Include a discussion of all the following detailed elements as applicable; if an element is not present within the described area, give reasons or verify with investigative results. Consider all facilities; conveyance lines; storage, points of diversion; staging areas; and affected service area as applicable. Use attachments if necessary.

1. Topography and geology of the region
 a. Location of project area with regard to major topographical features: _____

 b. Elevations and slopes on project site (for grading / excavation activities): _____

 c. Attach any pertinent soil and geologic reports available for the site.
2. Land use
 a. At project site: _____
 b. Adjacent to project site: _____
 c. Along pipeline alignments: _____
 d. At the point of diversion: _____
3. Vegetation types
- | | On Project Site | Surrounding Area |
|-----------------------|--------------------------|--------------------------|
| Urbanized | <input type="checkbox"/> | <input type="checkbox"/> |
| Landscaped | <input type="checkbox"/> | <input type="checkbox"/> |
| Ruderal (Weedy) | <input type="checkbox"/> | <input type="checkbox"/> |
| Grassland | <input type="checkbox"/> | <input type="checkbox"/> |
| Shrub/Chaparral | <input type="checkbox"/> | <input type="checkbox"/> |
| Woodland | <input type="checkbox"/> | <input type="checkbox"/> |
| Forest | <input type="checkbox"/> | <input type="checkbox"/> |
| Riparian (Streamside) | <input type="checkbox"/> | <input type="checkbox"/> |
| Wetland | <input type="checkbox"/> | <input type="checkbox"/> |
- a. General description of site vegetation: _____

- b. Native trees (number and type on project site): _____
- c. Graded area (% of project area): _____
4. Fish and wildlife (project site and surrounding area)
- a. Dominant species: _____
- b. Economically or recreationally significant species (such as game): _____
5. Surface water features (project site and surrounding area; give name, estimated distance from project site and condition)
- a. Lakes: _____
- b. Streams: _____
- c. Estuaries: _____
- d. Potential wetlands: _____
- e. Lagoons, marshes and other water features: _____
- f. Is the project near a Wild and Scenic River? ☐ yes ☐ no ☐ unknown
If yes, please provide the name of the river: _____
6. Is the project site within a floodplain or subject to flooding? ☐ yes ☐ no ☐ unknown
Attach flood maps if available
7. Agricultural land on project site (acres): _____
- a. Will the project convert prime farmland, unique farmland, or farmland of statewide importance? ☐ yes ☐ no ☐ unknown
8. Is the project site included on a list of hazardous material sites compiled pursuant to Government Code 65962.5? ☐ yes ☐ no ☐ unknown
9. Is the project located near an airstrip? ☐ yes ☐ no ☐ unknown
- a. Is the airstrip ☐ public ☐ private ☐ unknown
- b. Does it have lights for night use? ☐ yes ☐ no ☐ unknown
- c. Does it have a buffer zone, a safety plan, a land use plan or some other document that indicates how it will avoid land use conflicts with surrounding properties?
..... ☐ yes ☐ no ☐ unknown
- d. Is any part of the project in the path of planes taking off or landing?
..... ☐ yes ☐ no ☐ unknown
If so, what are the new safety risks posed by that part of the project? _____
10. Is the site on or next to a designated scenic highway? ☐ yes ☐ no ☐ unknown
If yes, give the name of the highway. _____

11. Historic and prehistoric archeological sites, architecture, landscapes, features, structures, or objects: _____

12. Traditional cultural places (e.g. sacred lands): _____

13. Lands within the coastal zone jurisdiction? ☐ yes ☐ no ☐ unknown

Environmental Impacts

Are the following items known to be applicable to the project or its effects? Discuss below all items checked yes (attach additional sheets as necessary).

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Removal of mature native/heritage trees. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Clearing of native vegetation and/or habitat. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Interference with or blocking wildlife migration routes. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Effect on a special status species. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Interference with or substantial use of recreational facilities. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Change in ocean, bay, lake, or stream water quality or quantity. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Alteration of existing drainage patterns. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Change in existing features of any bays, tidelands, beaches, or hills, or substantial alteration of ground contours. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial depletion of groundwater supplies. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Change in groundwater quality. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of mineral resources. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Change in scenic views or vistas from existing residential areas, or public lands or roads. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Change in pattern, scale or character of the general project area. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Significant amounts of solid waste or litter. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Change in dust, ash, smoke, fumes, or odors in the vicinity. |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial change in noise or vibration levels in the vicinity (beyond the property line). |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Site on filled land or on slopes of 10 percent or more. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Use or disposal of hazardous materials, flammables, or explosives. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial change in demand for municipal services. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial increase in traffic. |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial increase in fuel consumption (electricity, oil, natural gas, etc.). |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Related to a larger project or series of projects. |

[illegible]

Describe any potentially significant environmental effects that may result if the project is implemented (attach additional sheets as necessary):

Describe any mitigation measures that will be incorporated into the project to avoid or reduce to less-than-significant any impacts described above (attach additional sheets as necessary):

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Name: _____ Title: _____

DEPARTMENT OF HEALTH SERVICES
WATER SUPPLY PERMIT
ENVIRONMENTAL INFORMATION FORM
FOR CEQA EXEMPTIONS¹

(To be completed by applicant)

GENERAL INFORMATION

1. Name of project: _____
2. Water System number: _____ ☐ New Permit: _____ : ☐ Permit Amendment
3. Name of applicant/water system: _____

Address: _____
City: _____ Zip: _____
4. Name of contact person for this project: _____
Phone Number: _____
5. Address of project: _____
City: _____ Zip: _____

PROJECT DESCRIPTION *(fill in blanks or provide attachment, e.g., application description)*

6. Project location (give description of the precise location and boundaries and attach a detailed location map): _____

7. Water Supply (indicate whether new, modifications, removals, or replacements):
 - a. Groundwater (well capacity, depth, and enclosing structures): _____

 - b. Surface water (source, diversion structures, etc): _____

 - c. Connections with other systems: _____
 - d. Emergency connection: _____
8. Facilities (indicate whether they are new, modifications, removals, or replacements.)
 - a. Treatment facilities (give size, capacity, and enclosing structures): _____

 - b. Storage facilities
 - (1) Tanks (physical dimensions, new locations, and capacity): _____

¹ Not for use with SDWSRF projects

- (2) Open reservoirs (surface area and capacity): _____

- (3) Transmission facilities (give size of pumps and size and length of pipelines): _____

- c. Distribution facilities (give size of pumps and size and length of mains): _____

- d. Appurtenant structures (list dimensions of any new structures and their purpose): _____

- e. Parking facilities: _____
- f. Access roads: _____
- g. Staging areas: _____
9. Describe any grading or excavation work, and any planned measures to restore area: _____

10. Check the appropriate box below.
☐ Construction completed
☐ Construction in progress: Completion date _____
☐ Construction not started: Start date _____ Completion date _____

REASONS WHY THE PROJECT IS CONSIDERED EXEMPT

Check appropriate box(es)

1. CCR, Title 22, Section 60101 Specific Activities Within Categorical Exemption Classes.
- (a) Class 1: Existing Facilities
- (1) Addition, deletion, or modification of:
- ☐ Mechanical controls for:
 - * ☐ Water treatment units
 - * ☐ Water supply systems
 - * ☐ Pump station building.
 - ☐ Electrical controls for:
 - * ☐ Water treatment units
 - * ☐ Water supply systems
 - * ☐ Pump station building.

- ☐ Hydraulic controls for:
 - * ☐ Water treatment units
 - * ☐ Water supply systems
 - * ☐ Pump station building.
- (2) Maintenance, repair, replacement, or reconstruction to any water treatment process units, including:
 - ☐ Structures.
 - ☐ Filters
 - ☐ Pumps
 - ☐ Chlorinators
- (b) Class 2: Replacement or Reconstruction.
 - (1) Repair or replacement of:
 - ☐ Water service connections
 - ☐ Meters
 - ☐ Valves for:
 - * ☐ Backflow prevention
 - * ☐ Air release
 - * ☐ Pressure regulating
 - * ☐ Shut-off
 - * ☐ Blow-off
 - * ☐ Flushing.
 - (2) Replacement or reconstruction of:
 - ☐ Existing water supply distribution lines **of substantially the same size**. Describe any size increase or location change: _____

 - ☐ Storage tanks and reservoirs **of substantially the same size**. Describe any size increase or location change: _____

 - (3) Replacement or reconstruction of:
 - ☐ Water wells **of substantially the same capacity**. Describe any capacity increase or location change: _____

 - ☐ Pump stations and related appurtenances **of substantially the same capacity**. Describe any capacity increase or location change: _____

- (c) Class 3: New Construction of Small Structures:
- (1) ☐ Construction of water supply and distribution lines of less than sixteen inches in diameter, and related appurtenances.
 - (2) ☐ Construction of any water storage tanks and reservoirs of less than 100,000-gallon capacity.
- (d) Class 4: Minor Alterations to land.
- (1) ☐ Minor alterations to land, water or vegetation on any officially existing designated wildlife management areas or fish production facilities for the purpose of reducing the environmental potential for nuisances or vector production.
 - (2) ☐ Any minor alterations to highway crossing for water supply and distribution lines.
2. CCR, Title 14 (CEQA Guidelines).
- ☐ Section 15269 (a) statutory exemption for declared emergencies
 - ☐ Section 15269 (b) statutory exemption for emergency repairs
 - ☐ Section 15269 (c) statutory exemption for emergency prevention/mitigation
 - ☐ Section 15282 (l) statutory exemption for right of way pipelines of less than 1 mile
 - ☐ Section 15282 (n) statutory exemption for water fluoridation
- ☐ Other (list specific code reference) _____
- _____
- _____

EXCEPTIONS

- A. Location in an area of Critical Concern (For Categorical Exemption Classes 3, 4, 5, 6, and II):** Could the project result in impacts with regards to an environmental resource of hazardous or critical concern where designated, precisely mapped and officially adopted pursuant to law by federal, state, or local agencies? Discuss below all items checked yes (attach additional sheets as necessary). Some items are repeated under the Federal Crosscutters Section and may be referenced here if applicable.

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Special status species.
2.	<input type="checkbox"/>	<input type="checkbox"/>	Critical habitat (for special status species)
3.	<input type="checkbox"/>	<input type="checkbox"/>	Unique habitat (e.g., wildlife refuge, deer wintering range, etc.).
4.	<input type="checkbox"/>	<input type="checkbox"/>	Important farmland
5.	<input type="checkbox"/>	<input type="checkbox"/>	Wetlands
6.	<input type="checkbox"/>	<input type="checkbox"/>	Wild and scenic rivers
7.	<input type="checkbox"/>	<input type="checkbox"/>	Officially designated scenic area
8.	<input type="checkbox"/>	<input type="checkbox"/>	Archeological sites.
9.	<input type="checkbox"/>	<input type="checkbox"/>	Floodplains
10.	<input type="checkbox"/>	<input type="checkbox"/>	Areas of hazardous concern
11.	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Discussion: _____

B. Unusual Circumstances (For All Categorical Exemptions): Evaluate the following elements to determine if there are any unusual circumstances. For any “Yes” answers, discuss the possibility of significant environmental impact resulting from the unusual circumstance. Consider all facilities; conveyance lines; storage, points of diversion; staging areas; and affected service area as applicable. Use attachments if necessary.

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | In or adjacent to an area of undisturbed, unique, or high-quality habitat. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | On or adjacent to wildlife migration routes. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | In an area of unique recreational facilities or resources. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | On or adjacent to a unique stream or water body. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Involves removal of mature, scenic trees (see class 4). |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Involves grading in a waterway or wetland (see class 4). |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Involves a substantial alteration of ground contours. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Involves new or increased use of a critically depleted groundwater basin or groundwater basin subject to salinity intrusion. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | In an area with important mineral resources. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Involves production of significant amounts of solid wastes or litter. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial new or increased emission of dust, ash, smoke, fumes, odors, or other pollutants. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial change in noise or vibration levels in vicinity (beyond the property line). |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | In an area of sensitive noise receptors. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | On slopes of 10 percent or more or on highly erodable soil. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | In an officially mapped area of severe geologic hazard (see class 4) |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Involves new or increased use or disposal of hazardous materials, flammables, or explosives. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial change in demand for municipal services. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Involves traffic impacts in an area with traffic problems. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial increase in fuel consumption (electricity, oil, natural gas, etc.). |

Discussion: _____

C. Cumulative Impacts for All Categorical Exemptions

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Does the project involve cumulative impacts associated with successive projects of the same type in the same place? If yes, discuss the significance of the impacts. |

Discussion: _____

D. Scenic Highways (For All Categorical Exemptions): Will the project result in damage to any of the following scenic resources within view of a highway officially designated as a state scenic highway (excluding improvements required as mitigation by an adopted Negative Declaration or certified EIR)

- | | Yes | No | |
|----|--------------------------|--------------------------|-------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Trees |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Historic buildings |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Rock outcroppings |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Other similar resources |

E. Hazardous Waste Sites (For All Categorical Exemptions)

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Is the project located on a site that is included on any list compiled pursuant to Section 65962.5 of the Government Code? |

F. Historical Resources (For All Categorical Exemptions)

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Is there a potential for the project to cause a substantial adverse change in the significance of a historical resource? |

Basis for determination: _____

CERTIFICATION

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Name: _____ Title: _____

Notice of Exemption
(Categorical)

To: Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044

From: Department of Health Services
[District Office].
[Address]
[City, State, Zip]

Project Title:

Project Location:

City:

County:

Description and Purpose of Project:

Public Agency Approving Project and Carrying out project:

Categorical Exemption Status:

- ☐ Class 1 (CCR, Title 14, Sec 15301 and Title 22, Section 60101 (a))
- ☐ Class 2 (CCR, Title 14, Sec 15302 and Title 22, Section 60101 (b))
- ☐ Class 3 (CCR, Title 14, Sec 15303 and Title 22, Section 60101 (c))
- ☐ Class 4 (CCR, Title 14, Sec 15304 and Title 22, Section 60101 (d))

This is to advise that the Department of Health Services has issued a water supply permit (permit number [number]) for the above described project on [date], and has determined that the project is exempt from the California Environmental Quality Act.

Contact Person:

Signature _____ ***Date*** _____

Name: _____ ***Title:*** _____

Date received for filing with Governor's Office of Planning and Research: _____

Notice of Exemption
(Statutory)

To: Office of Planning and Research
P.O. Box 3044
Sacramento, CA 95812-3044

From: Department of Health Services
[District Office]
[Address]
[City, State, Zip]

Project Title:

Project Location:

City:

County:

Description and Purpose of Project:

Public Agency Approving Project and Carrying out project:

Statutory Exemption Status:

- ☐ Declared emergency (CCR, Title 14, Sec 15269 (a))
- ☐ Emergency repairs (CCR, Title 14, Sec 15269 (b))
- ☐ Emergency prevention/mitigation (CCR, Title 14, Sec 15269 (c))
- ☐ Right of way pipelines of less than one mile (CCR, Title 14, Sec 15282 (l))
- ☐ Water fluoridation facilities (CCR, Title 14, Sec 15282 (n))

This is to advise that the Department of Health Services has issued a water supply permit (permit number [number]) for the above described project on [date], and has determined that the project is exempt from the California Environmental Quality Act.

Contact Person:

Signature _____ *Date* _____

Name: _____ *Title:* _____

Date received for filing with Governor's Office of Planning and Research: _____

NOTICE OF DETERMINATION

TO: Office of Planning and Research
P.O. Box 3044
Sacramento, CA 958112-3044

FROM: Ca. Dept. of Health Services
[District Office].
[Address]
[City State Zip]

SUBJECT: Filing of Notice of Determination in compliance with Section 21108 of the Public Resources Code.

PROJECT TITLE:

SCH#:

LEAD AGENCY:

CONTACT PERSON:

PHONE NUMBER:

PROJECT LOCATION:

PROJECT DESCRIPTION:

This is to advise that the California Department of Health Services has issued a water supply permit number [number] for the above described project on [date], and has made the following determinations regarding the project:

1. The project will have no significant effects on the environment.
2. A {Mitigated} Negative Declaration was prepared for this project by [the applicant].
3. Mitigation measures were {not} made a condition of the issuance of the permit.
4. A Statement of Overriding Considerations was not adopted for this project.

This is to certify that the {Mitigated} Negative Declaration and record of permit issuance for the project are available to the General Public at the Division of Drinking Water and Environmental Management at the above address.

The Department of Health Services is a "Responsible Agency" not a "Lead Agency" for this project and, as such, is not responsible for Department of Fish and Game filing fees.

Signature: _____ Date: _____

Name: _____ Title: _____

DATE RECEIVED FOR FILING AND POSTING AT OPR: _____

**ENVIRONMENTAL DOCUMENT TRANSMITTAL/CLEARANCE REQUEST FORM
DEPARTMENT OF HEALTH SERVICES WATER SUPPLY PERMIT PROJECTS¹**

Date: _____ District/Div: _____ System/ID Number _____
DHS Staff: _____ Phone #: _____
Water System Contact: _____ Phone #: _____
Project Name: _____
Project Applicant: _____
State Clearinghouse Number: _____ Project County: _____
Date Application Deemed Complete: _____ Target ☐ Actual ☐
Targeted Date For Permit Issuance: _____
Description of Project: _____

Constructed? Yes ☐ No ☐ Est. Start Date: _____ Finish Date: _____

Documents Provided (please check applicable boxes):

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Notice of Determination (filed with Governor's Office of Planning & Research) |
| <input type="checkbox"/> | Notice of Exemption (filed with County Clerk) |
| <input type="checkbox"/> | Environmental Information Form for Exemptions |
| <input type="checkbox"/> | Environmental Information Form (when DHS is Lead Agency) |
| <input type="checkbox"/> | Negative Declaration/Initial Study |
| <input type="checkbox"/> | Environmental Impact Report (EIR) |
| <input type="checkbox"/> | Mitigation Monitoring Plan for EIR or Mitigated Negative Declaration |

DHS Staff Signature

Submit to: Wayne Hubbard
DHS (SDWSRF)
601 North 7th St. MS 92
P.O. Box 942732
Sacramento, CA 94234-7320

¹ Not for use with SDWSRF projects